REPLY TO
ATTENTION OF

MCHS-IS   16 May 2001

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD
Success Team (DQFAST)

1. The DQFAST met in Room 107, Patient Administration Systems
and Biostatistics Activity (PASBA) Conference Room,
building 126, at 0900 on 8 May 2001.

        a. Members Present:

            COL Halvorson, Team Leader, PASBA
            LTC Starcher, PASBA
            LTC Dolter, Outcomes Management
            COL Berlingis, MEDCOM, PAD
            MAJ Burzynski, OTSG, Information Management Division
            MAJ Wesloh, PASBA
            Ms. Bacon, AMPO
            Mr. Jensen, Resource Management
            Mr. Padilla, Resource Management
            Ms. Robinson, PASBA
            Ms. Enloe, PASBA

        b. Members Absent:

            COL Phurrough, HP&S
            COL Kimes, Quality Management
            Mr. James, PASBA
            Ms. Leaders, TRICARE Division
            Ms. Cyr, PA&E
            Ms. Mandell, PASBA
            AcofS Personnel Representative

        c. Others Present:

            MAJ Stewart, MEDCOM, PAD
            MAJ Ruiz, HP&S representing COL Phurrough

2. Opening Remarks. There were no opening remarks.

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3. Old Business.

    a. <u>Approval of Minutes.</u> The March minutes were approved with one content change. Mr. Padilla was recorded as an absent member for the March meeting when he should have been recorded as present.

    b. <u>DQFAST Revised Charter.</u> The charter was approved and signed by MG Sculley on 20 April 2001.

    c. <u>Data Quality Management Control Program (DQMCP), Open and Pending Issues.</u> Attached for reference are Issue Source Documents, enclosure 1.

       (1) <u>Great Plains Regional Medical Center (GPRMC), issue 3, enclosure 2, page 1-Defense Enrollment Eligibility Reporting System (DEERS) Eligibility Check</u>. **Decision: The DQFAST requested the pharmacy consultant provide an activity success story to share with other facilities that are having difficulties meeting this requirement. A Department of Defense (DOD) Pharmacy Board of Directors meeting was held on 11 April. The committee is still waiting on a response.**

       (2) <u>GPRMC, issue 8, enclosure 2, page 2-Clarification of Staff Training Requirements</u>. **Decision: The PASBA has established an Army Coding Listserver to address coding questions from the field sites. Two committee members are currently working on the development of plans to address training for coders and training on coding for physicians.**

       (3) <u>Tripler Army Medical Center (TAMC), issue 3, enclosure 2, page 16-Outpatient Records Sampling Size and Frequency.</u> **Decision: The PASBA did some projections of how many records would need to be sampled on a monthly basis to have a 90 percent confidence level. The number of records required by Redstone Arsenal was 397 per month, Fort Riley was almost 900 per month and Fort Sill would require 3,869 records per month. This is very labor intensive and impractical. This also goes against the reason for the sampling--to find trends, not to do a statistically valid sampling. Therefore, the sampling technique utilized remains the discretion of the medical treatment facility (MTF).**

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(4) TAMC, issue 4, enclosure 2, page 17-End of Day
Processing. **Decision: This issue was forwarded to the TRICARE
Management Activity (TMA) DQMC workgroup to address. The TMA
workgroup understands the inconsistency but the standard
remains. If 100 percent of the clinics cannot answer "yes" then
the correct response is "no".**

(5) GPRMC, issue 10, enclosure 2, page 3-Medical
Expense and Performance Reporting System (MEPRS) Data
Nonavailability. **Decision: The conversion to Expense
Assignment System (EAS) IV is still experiencing some difficulty
due to software upgrades. On or about 22 May 2001, all field
sites should have the software upgrades for EAS IV. Afterwards,
some sites will be able to process their data faster than other
sites, depending on their staffing. In the meantime, some field
sites have been processing their data with EAS III.**

(6) GPRMC, issue 11, enclosure 2, page 4-DEERS
Eligibility Checks. **Decision: The DQFAST requested the
pharmacy consultant provide an activity success story to share
with other facilities that are having difficulties meeting this
requirement. A DOD Pharmacy Board of Directors meeting was held
on 11 April. The committee is still waiting on a response.**

(7) GPRMC, issue 12, enclosure 2, page 5-Separate
Review Lists for Freestanding Facilities. **Decision: It is
understood that staffing levels may be an issue at some sites.
However, the clinic commander must have visibility of the data
quality performance of their clinic to influence its improvement
as required. Negating this requirement is not in the best
interest and goals of the DQMCP. The requirement for the
completion of separate review lists for all freestanding clinics
remains.**

(8) GPRMC, issue 13, enclosure 2, page 6-Shortage of
Coders. **Decision: The U.S. Army Medical Command (MEDCOM)
Patient Administration Division (PAD) is addressing this concern
as an unfinanced requirement for FY 03-07 program objective
memorandum (POM) and other near-term budget opportunities. It
is understood that there is an increased demand for coders while**

the pool of available coders has decreased. Additionally,
clinics need to look at their templates and evaluate their
effectiveness. Appropriately constructed templates can go a
long way towards decreasing the time required to complete while
improving the coding accuracy. The PASBA will provide
additional guidance on the design of templates.

     (9) GPRMC, issue 14, enclosure 2, page 7-Provider
Coding Education/Coder Shortage. **Decision: The MEDCOM PAD is
addressing this concern as an unfinanced requirement for
FY 03-07 POM and other near-term budget opportunities. It is
understood that there is an increased demand for coders while
the pool of available coders has decreased. Additionally,
clinics need to look at their templates and evaluate their
effectiveness. Appropriately constructed templates can go a
long way towards decreasing the time required to complete while
improving the coding accuracy. The PASBA will provide
additional guidance on the design of templates.**

     (10) GPRMC, issue 15, enclosure 2, page 8-DQMC
Commander's Statement Clarification. **Decision: This concern
was brought to the attention of the TMA DQMC workgroup
committee. Their decision was not to change the Commander's
Statement as requested.**

     (11) GPRMC, issue 16, enclosure 2, page 9-EAS III/EAS
IV Conversion. **Decision: The conversion to EAS IV is still
experiencing some difficulty due to software upgrades. On or
about 22 May 2001, all field sites should have the software
upgrades for EAS IV. Afterwards, some sites will be able to
process their data faster than other sites, depending on their
staffing. In the meantime, some field sites have been
processing their data with EAS III.**

     (12) GPRMC, issue 17, enclosure 2, page 10-DEERS
Eligibility Checks. **Decision: The DQFAST requested the
pharmacy consultant provide an activity success story to share
with other facilities that are having difficulties meeting this
requirement. A DOD Pharmacy Board of Directors meeting was held
on 11 April. The committee is still waiting on a response.**

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(13) GPRMC, issue 18, enclosure 2, page 11-Separate Review Lists for Freestanding Facilities. **Decision: It is understood that staffing levels may be an issue at some sites. However, the clinic commander must have visibility of the data quality performance of their clinic to influence its improvement as required. Negating this requirement is not in the best interest and goals of the DQMCP. The requirement for the completion of separate review lists for all freestanding clinics remains.**

(14) GPRMC, issue 19, enclosure 2, page 12-Provider Coding Education/Coder Shortage. **Decision: The MEDCOM PAD is addressing this concern as an unfinanced requirement for FY 03-07 POM and other near-term budget opportunities. It is understood that there is an increased demand for coders while the pool of available coders has decreased. Additionally, clinics need to look at their templates and evaluate their effectiveness. Appropriately constructed templates can go a long way towards decreasing the time required to complete while improving the coding accuracy. The PASBA will provide additional guidance on the design of templates.**

(15) Fort Carson, issue 4, enclosure 2, page 13-DEERS Eligibility Checks. **Decision: The DQFAST requested the pharmacy consultant provide an activity success story to share with other facilities that are having difficulties meeting this requirement. A DOD Pharmacy Board of Directors meeting was held on 11 April. The committee is still waiting on a response.**

(16) Fort Carson, issue 10, enclosure 2, page 14–Clarification of Staff Training Requirements. **Decision: The PASBA has established an Army Coding Listserver to address coding questions from the field sites. Two committee members are currently working on the development of plans to address training for coders and training on coding for physicians.**

(17) Fort Carson, issue 11, enclosure 2, page 15–Separate Review Lists for Freestanding Facilities. **Decision: It is understood that staffing levels may be an issue at some sites. However, the clinic commander must have visibility of the data quality performance of their clinic to influence its improvement as required. Negating this requirement is not in**

the best interest and goals of the DQMCP. The requirement for
the completion of separate review lists for all freestanding
clinics remains.

(18) TAMC, issue 5, enclosure 2, page 18-Inpatient
Records Questions, Recommended Changes. Decision: This issue
will be forwarded to the TMA DQMC workgroup. The committee will
recommend to TMA that the requirement be changed to a percentage
of delinquent records versus completed records. This
recommended change would be consistent with the requirement that
Joint Commission on Accreditation of Healthcare Organizations
has established.

(19) Fort Riley, issue 1, enclosure 2, page 19-EAS IV
Repository Shutdown. Decision: A committee member confirmed
that the EAS IV Repository was shut down. This was due to a
change in the cost allocation of expenses, which meant that any
data transmitted to the EAS IV Repository would not be viable
for analysis. Only Beta sites are able to access the repository
at this time. If sites choose they are still capable of
processing using EAS III.

(20) Fort Riley, issue 2, enclosure 2, page 20-DEERS
Eligibility Checks. Decision: The DQFAST requested the
pharmacy consultant provide an activity success story to share
with other facilities that are having difficulties meeting this
requirement. A DOD Pharmacy Board of Directors meeting was held
on 11 April. The committee is still waiting on a response.

(21) Fort Jackson, issue 1, enclosure 2, page 21-End
of Day Processing. Decision: The committee appreciates the
input from the facility on their efforts to improve and ensure
data quality.

(22) Fort Jackson, issue 2, enclosure 2, page 22-MEPRS
Reporting Timeframes. Decision: A committee member confirmed
that the EAS IV Repository was shut down. This was due to a
change in the cost allocation of expenses, which meant that any
data transmitted to the EAS IV Repository would not be viable
for analysis. Only Beta sites are able to access the repository
at this time. If sites choose they are still capable of
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(23)   Fort Jackson, issue 3, enclosure 2, page 23-Zero Inpatient Records Audited. **Decision: The committee commends the facility on their plan and efforts. For the month of April the facility reported 100 percent compliance for this item.**

(24)   Fort Jackson, issue 4, enclosure 2, page 24-Zero Outpatient Records Audited. **Decision: The committee commends the facility on their plan and efforts.**

(25)   Fort Jackson, issue 5, enclosure 2, page 25-Zero Outpatient Records Located. **Decision: The committee noted improvement from previous month.**

(26)   Fort Jackson, issue 6, enclosure 2, page 26– EAS/MEPRS Financial Reconciliation. **Decision: A committee member confirmed that the EAS IV Repository was shut down. This was due to a change in the cost allocation of expenses, which meant that any data transmitted to the EAS IV Repository would not be viable for analysis. Only Beta sites are able to access the repository at this time. If sites choose they are still capable of processing using EAS III.**

(27)   Fort Jackson, issue 7, enclosure 2, page 27– Inpatient and Outpatient EAS/MEPRS Reconciliation. **Decision: A committee member confirmed that the EAS IV Repository was shut down. This was due to a change in the cost allocation of expenses, which meant that any data transmitted to the EAS IV Repository would not be viable for analysis. Only Beta sites are able to access the repository at this time. If sites choose they are still able to process using EAS III.**

(28)   William Beaumont Army Medical Center (WBAMC), issue 3, enclosure 2, page 28-EAS IV Implementation. **Decision: A committee member confirmed that the EAS IV Repository was shut down. This was due to a change in the cost allocation of expenses, which meant that any data transmitted to the EAS IV Repository would not be viable for analysis. Only Beta sites are able to access the repository at this time. If sites choose they are still capable of processing using EAS III.**

(29) WBAMC, issue 4, enclosure 2, page 29-Outpatient Records Located. **Decision: The committee recognizes the facility's effort. Establishing an internal goal of 85 percent compliance, which exceeds the set standard of 80 percent, is commendable.**

(30) Korea, issue 1, enclosure 2, page 31-MEPRS Data Nonavailibility. **Decision: A committee member confirmed that the EAS IV Repository was shut down. This was due to a change in the cost allocation of expenses, which meant that any data transmitted to the EAS IV Repository would not be viable for analysis. Only Beta sites are able to access the repository at this time. If sites choose they are still able to process using EAS III.**

(31) Korea, issue 2, enclosure 2, page 32-Zero Outpatient Records Audited. **Decision: The committee will monitor the results of this facility's effort.**

(32) Korea, issue 3, enclosure 2, page 33-Zero Outpatient Records Located. **Decision: The committee will monitor the results of this facility's effort.**

(33) Korea, issue 4, enclosure 2, page 34-Standard Ambulatory Data Record (SADR) /Worldwide Workload Report (WWR) Comparison. **Decision: The committee will monitor the results of this facility's effort.**

(34) Korea, issue 5, enclosure 2, page 35-WWR/MEPRS/SADR Workload Comparison (data not equal). **Decision: The committee will monitor the results of this facility's effort.**

(35) Fort Belvoir, issue 1, enclosure 2, page 30-WWR Software Problems. **Decision: The committee will contact the Fort Belvoir Data Quality Manager and inquire whether or not the committee may be of any assistance.**

d. DQFAST Metrics (exceptions only). The submission of MEPRS data is running behind due to the changeover from EAS III to EAS IV. Several DQFAST metrics are impacted by this changeover.

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    e. Data Quality in the Balkans.

        (1) A committee member expressed concern about the
Balkans data that is being used to populate the Military Health
System Data Repository/All Region Service (ARS) Bridge database.
When requesting Bosnia Standard Inpatient Data Record/SADR data
the Defense Medical Information System Identification (DMISID)
will not reflect the departed unit but will reflect the newly
arrived unit. This situation will over inflate the new unit's
number of records. This particular anomaly has now been brought
to the attention of ARS Bridge personnel.

        (2) The PASBA is now providing weekly updates to The
Army Surgeon General on Bosnia SIDR/SADR and Dental patients.

4. New Business.

    a. DQMCP Trends.

        (1) With 4 months of input, data quality trends are
now discernable in the format of "Green-Amber-Red" (GAR) charts
and to a lesser extent, as line charts. In a review of the GAR
charts, the most noticeable data quality difficulties are readily
apparent in areas related to MEPRS/EAS data availability, coding
audits, outpatient records accountability, and workload
comparison between information management systems. The committee
is addressing these problems through input from the MTFs and
RMCs. However, outpatient records accountability is considered
an especially difficult problem to correct without the
development of an electronic patient record.

        (2) Committee members were asked to evaluate the GAR
and line charts and provide input for DQMCP metrics improvement
at the next DQFAST.

    b. DQMC Program Update.

        (1) Fort Huachuca did not submit a report for last
month. The person responsible for their report was out from
work.

        (2) There is a revised Commander's Statement that
should be in effect for the upcoming months report. This should

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clarify some of the questions sites have with the current
Commander's Statement.

        (3) All sites should be using the electronic signature
program for next month's report submission.

    c. <u>KG-ADS Data Quality.</u> A committee member presented
information from a field site that brought into question their
third party collections, workload assessment, and Medicare
payment data quality. These concerns will be brought to the
attention of the Data Quality Manager for this particular field
site for their input.

    d. <u>New Issue Discussion.</u> The DOD Inspector General Team
requested workload data for their upcoming 14-26 May visit. The
team will be visiting some Air Force clinics, Brooke Army
Medical Center, and PASBA. One of the areas they want to
address is MEPRS. When the team meets at PASBA, any committee
member that wants may attend this meeting.

5. Deferred issues. None.

6. The meeting adjourned at 1045. The next meeting is
scheduled for 0900, 12 June 2001, PASBA Conference Room.

                      /s/
Encl   JAMES A. HALVORSON
1. Issue Source Documents   COL, MS
2. DQMCP Open Issues   DQFAST Team Leader

DISTRIBUTION:
1-Each Committee Member